

Department of Human Services
Bureau of Human Service Licensing

August 18, 2022

[REDACTED]
SZR BLUE BELL AL OPCO LIMITED PARTNERSHIP
[REDACTED]

RE: SUNRISE OF BLUE BELL
795 PENLLYN BLUE BELL PIKE
BLUE BELL, PA, 19422
LICENSE/COC#: 14487

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/08/2022, 07/14/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *SUNRISE OF BLUE BELL* License #: *14487* License Expiration: *01/01/2023*
Address: *795 PENLLYN BLUE BELL PIKE, BLUE BELL, PA 19422*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *SZR BLUE BELL AL OPCO LIMITED PARTNERSHIP*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *95* Waking Staff: *71*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *07/08/2022*

Inspection Dates and Department Representative

07/08/2022 On Site [REDACTED]
07/14/2022 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *54*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *45* Residents Served: *22*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *54*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *41* Have Physical Disability: *0*

Inspections / Reviews

07/08/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/30/2022*

Inspections / Reviews *(continued)*

07/28/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/05/2022*

08/18/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted]/22 at [redacted] pm, Resident #1 reported that a staff member was rough with the resident while doing incontinent care sometime in the early morning while the resident was in the middle of sleeping. As a result the resident sustained a swollen wrist. However, an Act 13 was not completed for this incident.

Plan of Correction

Accept

Act 13 was submitted for the incident related to resident #1.

The Executive Director (ED) completed a review of reportable incidents since May 2022 and verified Act 13 reports were submitted as required.

The ED has scheduled training for Coordinators on how to complete the Act 13 form, when to complete the form, where to send the form once completed, filing procedures and notification procedures.

The Act 13 form will be completed by ED for reportable incidents that require an Act 13 report be submitted, until all Coordinators are trained.

An Act 13 report will be completed within 24 hours of an incident and sent to the Area Agency on Aging. The team member completing the report will also notify the appropriate supervisor of the report for follow up. A copy of the Act 13 form will be filed in the respective resident's record.

The ED or designee will review reportables daily to confirm that if an Act 13 was required, it was submitted timely.

During the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting and up to 3 months following the implementation of the POC, the ED will review the POC with the Department Heads. Additional improvement plans will be developed and implemented as necessary, including training to correct any deficient practices.

Completion Date: 08/18/2022

Document Submission

Implemented

Act 13 was submitted for the incident related to resident #1.

The Executive Director (ED) completed a review of reportable incidents since May 2022 and verified Act 13 reports were submitted as required.

The ED has scheduled training for Coordinators on how to complete the Act 13 form, when to complete the form, where to send the form once completed, filing procedures and notification procedures.

The Act 13 form will be completed by ED for reportable incidents that require an Act 13 report be submitted, until all Coordinators are trained.

15a - Resident Abuse Report (continued)

An Act 13 report will be completed within 24 hours of an incident and sent to the Area Agency on Aging. The team member completing the report will also notify the appropriate supervisor of the report for follow up. A copy of the Act 13 form will be filed in the respective resident's record.

The ED or designee will review reportables daily to confirm that if an Act 13 was required, it was submitted timely.

During the Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting and up to 3 months following the implementation of the POC, the ED will review the POC with the Department Heads. Additional improvement plans will be developed and implemented as necessary, including training to correct any deficient practices.

42b - Abuse**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] 22, sometime before [REDACTED] am, a staff person enter Resident #1's room to provide incontinent care. The resident was grabbed by the right wrist and rolled over. The resident's right wrist was left severely swollen. The resident was unable to identify the staff person because the resident was sleeping when the staff person began to move the resident. The resident's injury was observed by another staff member and the residents daughter.

Plan of Correction**Accept**

Upon identification of resident #1's injury on [REDACTED]/2022 the Resident Care Director assessed the resident and alerted the Physician Assistant (PA). The PA recommended to family that resident #1 receive an X-Ray outside of the community.

If/when an allegation of abuse is made in the community, all residents of the perspective neighborhood will be assessed for similar injuries by the Wellness Office. If injuries are noted, proper reporting will be done.

Resident Care Director, in conjunction with Bayada Home Health Care Agency staff have been scheduled to conduct a training for care managers (direct care staff) focusing on proper transferring and incontinent/hygiene care with residents.

All new hires will shadow senior team members and learn proper techniques prior to working individually with residents. The Personal Care Coordinator and the Reminiscence Care Coordinator will monitor that team members are properly caring for residents by shadowing during training and working with the Lead Care Managers.

During the QAPI meeting and up to 3 months following the implementation of the POC, the ED will review the POC with the Department Heads. Additional improvement plans will be developed and implemented as necessary, including training to correct any deficient practices.

Completion Date: 08/18/2022

42b - Abuse (continued)

Document Submission

Implemented

Upon identification of resident #1's injury on [REDACTED]/2022 the Resident Care Director assessed the resident and alerted the Physician Assistant (PA). The PA recommended to family that resident #1 receive an X-Ray outside of the community.

f/when an allegation of abuse is made in the community, all residents of the perspective neighborhood will be assessed for similar injuries by the Wellness Office. If injuries are noted, proper reporting will be done.

Resident Care Director, in conjunction with Bayada Home Health Care Agency staff have been scheduled to conduct a training for care managers (direct care staff) focusing on proper transferring and incontinent/hygiene care with residents.

All new hires will shadow senior team members and learn proper techniques prior to working individually with residents. The Personal Care Coordinator and the Reminiscence Care Coordinator will monitor that team members are properly caring for residents by shadowing during training and working with the Lead Care Managers.

During the QAPI meeting and up to 3 months following the implementation of the POC, the ED will review the POC with the Department Heads. Additional improvement plans will be developed and implemented as necessary, including training to correct any deficient practices.

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

Direct Care Staff Person A is no longer employed by Sunrise Senior Living.

An audit was completed by the Business Office Coordinator (BOC) of all Direct Care Worker Human Resource Files. All Direct Care Staff have proof of high school diploma, GED, or are active registry status on the Pennsylvania nurse aide registry.

Business Office Coordinator (BOC) will collect High School Diploma/GED from new hire prior to them starting in the community. If High School Diploma/GED was obtained outside of USA, a waiver will be applied for with the state or proof of secondary schooling enrollment will be obtained.

he BOC audits charts quarterly to verify each direct care staff person has proof of high school diploma, GED, or

54a - Direct Care Staff (continued)

are active registry status on the Pennsylvania nurse aide registry. The results of the audit are reported to the ED.

During the QAPI meeting and up to 3 months following the implementation of the POC, the ED will review the POC with the Department Heads. Additional improvement plans will be developed and implemented as necessary, including training to correct any deficient practices.

Completion Date: 08/18/2022

Document Submission

Implemented

Direct Care Staff Person A is no longer employed by Sunrise Senior Living.

An audit was completed by the Business Office Coordinator (BOC) of all Direct Care Worker Human Resource Files. All Direct Care Staff have proof of high school diploma, GED, or are active registry status on the Pennsylvania nurse aide registry.

Business Office Coordinator (BOC) will collect High School Diploma/GED from new hire prior to them starting in the community. If High School Diploma/GED was obtained outside of USA, a waiver will be applied for with the state or proof of secondary schooling enrollment will be obtained.

The BOC audits charts quarterly to verify each direct care staff person has proof of high school diploma, GED, or are active registry status on the Pennsylvania nurse aide registry. The results of the audit are reported to the ED.

During the QAPI meeting and up to 3 months following the implementation of the POC, the ED will review the POC with the Department Heads. Additional improvement plans will be developed and implemented as necessary, including training to correct any deficient practices.